

CHOLINESTERASE (ChE) TEST REQUEST FORM

See instructions for drawing and shipping specimen and completing form. Send specimen and completed form to:

**WASHINGTON DEPARTMENT OF HEALTH
PUBLIC HEALTH LABORATORIES
1610 NE 150th St., Seattle, WA 98155-9701
(206) 361-2898**

Please print clearly. Missing information may delay test order.

A. PATIENT NAME: First : _____ Middle: _____ Last: _____	H. NAME OF CLINICIAN ORDERING TEST: First : _____ Last : _____
B. DATE OF BIRTH (mm/dd/yyyy): ____ / ____ / ____	I. PHONE NUMBER FOR RECEIVING RESULTS: Tel: (____) ____ - ____ ext. ____ OR Fax: (____) ____ - ____ ext. ____
C. PLACE OF BIRTH: State/Province _____ Country _____	J. CLINIC INFORMATION: Name _____ Street / P.O. Box: _____ City: _____ State: _____ Zip: _____ Tel: (____) ____ - ____ ext. ____
D. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> UNK E. ETHNICITY: <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic <input type="checkbox"/> UNK F. MOTHER'S MAIDEN NAME: First : _____ Last: _____	K. PATIENT'S EMPLOYER: Company _____ Contact Name: First _____ Last _____ Tel: (____) ____ - ____ ext. ____ EMPLOYER ADDRESS: Street / P.O. Box _____ City: _____ State: <u>WA</u> Zip: _____
G1. MONITORING STAGE: Has a specimen been sent in for Cholinesterase testing for this patient before? <input type="checkbox"/> Yes (go to G2) <input type="checkbox"/> No (go to H.) <input type="checkbox"/> UNK (go to H) G2. If Yes, is this order for a: <input type="checkbox"/> Follow up test <input type="checkbox"/> Additional baseline G3. [Optional, for clinician's use] Previous baseline: RBC _____ Serum _____	L. INFORMATION ABOUT SPECIMEN DRAW (to be completed at time of draw): DATE AND TIME SPECIMEN DRAWN: Date ____ / ____ / ____ Time: ____ : ____ am / pm (circle one) NAME OF PHLEBOTOMIST: First: _____ Last: _____

FOR LABORATORY USE ONLY (Do not write below this line)

LAB ACCESSION NO.	DATE RECEIVED: ____ / ____ / ____	DATE ANALYZED: ____ / ____ / ____ TIME ANALYZED: ____ : ____ am / pm (circle one)	ANALYST:
SPECIMEN RESULTS <input type="checkbox"/> Correction to prior results. Date of Report for prior results: ____ / ____ / ____ Prior Results: RBC _____ Serum _____	METHOD: Ellman / Auto Analyzer / Roche Kit DATE OF REPORT: ____ / ____ / ____		
	ChE in RBC: _____ μ Mol/min/gHb RBC Normal Range: _____ μ Mol/min/gHb		
	ChE in Serum: _____ μ Mol/min/mL Serum Normal Range: _____ μ Mol/min/mL		
NOTES:		SUPERVISOR:	

CHOLINESTERASE (ChE) TEST REQUEST FORM

Instructions for Collecting and Shipping Blood Specimens, Whole Blood and Serum, for Cholinesterase Test

COLLECTION

1. Blood should be collected only by trained personnel using aseptic methods and working under the direction of a qualified, licensed practitioner.
2. **Use only plastic vacutainer tubes to avoid breakage.** Please contact the WA DOH Public Health Laboratories (PHL) at 206-361-2894 if you do not have recommended tubes at your facility.
3. For each patient:
 - Collect 5 ml of whole blood into EDTA tube (Lavender top, # BD-367-863).
 - Collect an additional 5 or 7 ml of whole blood into Red top or Red/Gray "Tiger Stripe" tube (#BD-367-986).
 - Use 21gauge needle to minimize mechanical damage of red blood cells (RBC).
 - If patient is sent to the Phlebotomist directly from the area of pesticide application, thoroughly swab the area of venipuncture to preclude contamination of the blood specimen with possible skin-surface pesticide.
 - Label each tube with the patient's full name.
 - Fill out the Cholinesterase (ChE) Test Request Form with as much patient information as possible. Correct and complete specimen identification is essential for data integrity.
4. The blood collected in Red Top or Tiger Stripe tube is used for preparation of serum specimen. It is important for the integrity of ChE results to separate serum from red blood cells as soon as possible after blood collection to minimize hemolysis of red blood cells. If your clinic has a centrifuge to spin down blood, you can use either the Red Top or Tiger Stripe tube for blood collection. Make sure that blood is properly clotted (wait 15-30 minutes if needed), then spin it down at 3,000 RPM for 10 minutes and draw serum off into a plastic or plastic coated glass tube for shipment. If your clinic does **not** have a centrifuge, you should use **only** the Tiger Stripe tube for collecting blood for serum specimen. This tube contains a clot separator assembly that minimizes hemolysis during the specimen transportation.
5. Gently rock the EDTA (Lavender top) tube for about 45 seconds to fully mix the whole blood and EDTA.
6. Prepared whole blood specimen (Lavender top tube) and serum specimen must be refrigerated at 1°C to 4° C until they are cold-packed for shipping to PHL.

NOTE: Specimens are to be collected on Sundays through Thursdays. **DO NOT** collect specimens on Fridays or Saturdays because the laboratory will not be performing routine monitoring tests on Saturdays or Sundays.

SHIPPING

1. **Specimens must be tested within 48 hours after the time of collection in order to maintain analytical integrity for this enzyme assay. Therefore, specimens must be shipped and received by PHL within 24 hours of collection.**
2. Pack properly identified serum and whole blood samples with enough ice gel packing to keep specimens at 1° to 8°C (34 – 46° F) for 24 hours. Use Diagnostic Shipping System package provided by Thermal Isolating Systems (ThermoSafe) to ship 8-16 tubes. This package consists of a mailer for shipping 8 tubes, an insulated container, with inside dimensions of 11"x 8" x 8", and one or two pound gel packs. This system should keep specimens of blood within the desired temperature of 1°C to 8°C for 24 hours.
3. Place a tube filled with water into the package so the temperature inside a shipping package can be measured upon arrival at PHL.
4. Secure specimens tightly in the mailer to avoid unnecessary motion of the tubes since hemolysis in transit is problematic for the cholinesterase procedure.
5. Ship specimens with courier or mail carrier with guaranteed NEXT DAY delivery to: **WA DOH Public Health Laboratory, 1610 N.E. 150th Street, Shoreline, WA 98155-9701, attention to Harold Ruark or Karin Kerr.**

CRITERIA FOR SPECIMEN REJECTION

1. Specimen tube is broken or leaking.
2. Specimen is not delivered to PHL within 24 -36 hours from time of collection.
3. Specimen arrives at PHL at temperature higher than 10°C.
4. Specimen is hemolyzed.

For questions about ChE specimen collection and shipment, call **Harold Ruark** (206/361-2898) or **Marina Silverstone** (206/361-2894).